STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155219	A. BUILDING 01 B. WING _____	02/11/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE AND REHAB-SOUTH BEND	52654 N IRONWOOD RD SOUTH BEND, IN 46635

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 02/10/11 and 02/11/11 Facility Number: 000124 Provider Number: 155219 AIM Number: 100266730 Surveyor: Richard D. Schade, Life Safety Code Specialist At this Life Safety Code survey, Regency Place of South Bend was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and resident sleeping rooms. The facility has a capacity of 157 and had a census of 118 at the time of this survey. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 02/17/11. The facility was found not in compliance with the aforementioned regulatory requirements as	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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K 000	Continued From page 1 evidenced by the following:	K 000		
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 2 of more than 200 corridor doors were free from impediments to closing. This deficient practice affects residents, staff and visitors in the smoke compartment of the northwest 200 hall of the north wing. Findings Include: Based on observations made during a tour of the building between 10:10 a.m. and 10:25 a.m. on	K 018		3/7/11

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K 018	Continued From page 2 02/11/11 with the maintenance supervisor, the corridor doors to resident rooms 202 and 207 were blocked open by resident waste paper containers. The maintenance supervisor and floor nurse stated at the time of observation it was due to resident choice, they did not want their room doors fully closed, so they blocked them open.	K 018		
K 029 SS=E	3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 2 of 2 closet doors serving a hazardous area in the business office were self closing to prevent the passage of smoke. This deficient practice could affect staff and visitors in and near the hazardous area and residents in the skilled dining room. Findings include:	K 029		3/7/11

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K 029	Continued From page 3 Based on observation with the maintenance supervisor on 02/11/11 at 11:40 a.m., two closet doors to a business office closet lacked a door closer. The closet contained a large amount of combustibles that included five metal files of paper with six cardboard files of paper stored on top. One of the doors opened into the business office, the other into an adjacent dining room. The maintenance supervisor stated at the time of observation, he was not aware of the problem. 3.1-19(b)	K 029		
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 1 private fire hydrants was continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected, and the necessary corrective action shall be taken. This deficient practice affects all occupants in the facility including staff, visitors and residents. Findings include:	K 062		3/7/11

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K 062	Continued From page 4 Based on observation and interview on 02/10/11 at 3:45 p.m. with the maintenance supervisor, the facility failed to provide annual inspections and maintenance for the private fire hydrant on the facility's property. The maintenance supervisor stated at the time of observation, he does not recall the hydrant being inspected or maintained in the five years that he has worked at the facility.	K 062		
K 211 SS=E	3.1-19(b) NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 1 alcohol hand sanitizing dispensers in the beauty shop was not installed over or adjacent to ignition sources such as	K 211		3/7/11

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K 211	Continued From page 5 electrical switches and outlets which may arc during normal use creating an ignition source. LSC 19.1.1.3 requires all health care facilities to be designed, maintained and operated to minimize the possibility of a fire emergency. This deficient practice could affect all residents, staff and visitors in or near the beauty shop. Findings include: Based on observation of the beauty shop on 02/11/11 at 10:35 a.m. with the maintenance supervisor, the hand sanitizing dispenser was mounted above and within six inches of an electrical outlet. The maintenance supervisor acknowledged at the time of the observation, the hand sanitizer should be moved. 3.1-19(b)	K 211		